This study examined prevalence rates of Acute Stress Disorder (ASD) in a national sample of adolescents using data from the National Comorbidity Survey – Adolescent Supplement (NCS-A). The sample consisted of 10,148 youth aged 13-18 across the United States. The relationship between ASD and demographic variables such as age, race, gender, geographical region, and birth in the United States were also examined. Older youth (ages 16-18) were significantly more likely than younger youth (ages 13-15) to have an ASD diagnosis. Females were significantly more likely than males to receive a diagnosis of ASD. Also, with regard to urbanicity, youth residing in “rural” areas were the least likely to receive an ASD diagnosis. Implications of these findings are also discussed.

METHOD

Between February 2001 and January 2004, the Institute for Social and Psychological Research (ICPSR) at the University of Michigan conducted the NCS-A (Kessler et al., 2005). The NCS-A was the first epidemiological study to provide estimated national prevalence rates of mental disorders in youth across the United States. Diagnostic survey questions were adapted from The World Health Organization Composite International Diagnostic Interview (CIDI) which was modified for use with youth. The NCS-A consisted of 10,148 youth, comprised of a school-based sample and a household sample using a dual-mailed design. The probability sample of students that participated in the survey was stratified. Survey data was gathered through computer-assisted personal interviews, computer-assisted telephone, and telephone interviews. The response rate of adolescents from the household sample was 85.9 percent, which included 904 interviews and the response rate of adolescents in the school sample was 74.7 percent, including 9,244 interviews. Survey data were weighted for within household probability of selection (only in the household sample) and discrepancies between the sample and population on a wide range of census sociodemographic and geographic variables.

Analyses were conducted to determine the impact of demographic variables on the likelihood of receiving an ASD diagnosis. The focus of this study was Acute Stress Disorder, which is currently a DSM-5 recognized trauma disorder. Criteria of Acute Stress Disorder, listed in the DSM-V were compared to the diagnostic criteria in the DSM-IV (NORE: Trauma was not a category of disorders in the DSM-IV, but instead was recognized as an Anxiety Disorder). Differences in criteria between Acute Stress Disorder in the DSM-IV and the DSM-V were recorded. The DSM-V criteria for Acute Stress Disorder was then mapped to the NCS-A survey questions to locate questions related to the each updated DSM-V ASD specific symptom criteria. After the mapping process was completed, the Statistical Package for the Social Sciences (SPSS) computer program was used to conduct statistical analyses to identify estimated national prevalence rates of ASD using the NCS-A data. Data were analyzed in terms of age, gender, race, birth in the United States, and urbanicity of residence.

CONCLUSION

This study provides an update to data gathered via the National Comorbidity Survey of Adolescents (NCS-A) that was administered from 2001-2004. Analyses were conducted to provide updated estimates of prevalence rates of youth who meet criteria for ASD. Data revealed that older youth (aged 16-18) were significantly more likely to receive a lifetime diagnosis of ASD than younger youth (aged 13-15) and males, respectively. Also, in comparison to youth living in rural areas, youth living in “urban” areas were significantly less likely to receive a lifetime diagnosis of ASD. There is literature to support the notion that trauma disorders like Post-Traumatic Stress Disorder (PTSD) in older youth is similar to PTSD in adults and younger youth may be limited in their ability to express their traumatic stress (Kaminer, Seeldr, & Stein, 2005). Together, these findings could support the finding that older youth are more likely than younger youth to have ASD or receive the diagnosis from clinicians or evaluators. Also, research has shown that being female was among the best individual-level predictor of emotional distress and females have greater rates of traumatic symptoms following traumatic events (Posick, 2014; Toln & Fox, 2006; Bryant & Harvey, 2003). Although there is little to no existing literature on geographical differences in ASD or trauma related disorders, one study found no difference between rural and urban areas in the number of mental health diagnoses (McDonald et al., 2014). The implications of this study are crucial. The main difference between ASD and PTSD is the duration of symptoms. PTSD may be considered by some clinicians to be more severe in symptomology due to the longer duration of symptoms. This study provides data which can help pinpoint those youth most at risk for ASD and develop potential early intervention/treatment strategies to ensure care is received and does not intensify in severity and duration. The prevalence rates of ASD in adolescents gained from this study allow for further studies to be conducted to more accurately determine risk and protective factors for this mental health reference.

REFERENCES


